

APPLICATION PROCESS FOR SUPERVISION OF PHYSICIAN ASSISTANTS

We are enclosing the application to supervise a physician assistant. The application must be completed by the proposed supervising physician and returned to this Department with the required fee.

The **application fee** is **\$100**. The fee will be prorated to \$25 when the certificate is issued within six months of its expiration date (October 1 of odd years). Make checks payable to *Credentialing Division, State of Nebraska*.

Allow **30 days** for approval. Only properly completed applications will be considered. Applications that require approval by the Board of Medicine will take significantly longer.

The *Regulations Governing the Licensure of Physician Assistants and Certification to Supervise Physician Assistants* are available on the Internet at: <http://www.hhs.state.ne.us/reg/t172.htm>. (Follow link to Chapter 90.)

Following is a brief description of requirements for supervision of physician assistants:

- The supervising physician and physician assistant must be together at any practice site **20%** of the time when a physician assistant is providing medical services. Supervisors who propose to be present less than 20% must show good cause and obtain approval from the Board of Medicine. If the Physician Assistant has a temporary license, a supervising physician must be present 100% of the time.
- **Backup supervising physicians** are no longer certified by this Department. Instead, the supervising physician must maintain a written agreement with the physician who will act as backup supervisor. The agreement must be kept on file at the physician's primary practice site, and this Department must be allowed access to the agreement upon request. A sample backup supervisor agreement is available from the Department upon request.
- A written **Scope of Practice agreement** that delineates (a) the activities and of the physician assistant and (b) the limits of the physician assistant must be kept on file at the primary practice site and be made available for review by this Department upon request. The Scope of Practice cannot include any medical procedures that the supervising physician is unable to perform. A sample Scope of Practice is available from the Department upon request.
- A PA may not practice at a **secondary site** without the personal presence of the supervising physician unless approval has been granted on an individual basis by the Board of Medicine. To apply for approval, a separate application for secondary site approval must be submitted. Approval normally requires that the physician assistant has practiced for at least 25 hours a week for a period of six weeks under the supervision of the particular supervising physician. (This six-week period may be shortened with Board approval upon a showing of good cause.) Secondary sites are defined as those offices operated by the supervising physician(s) that are not the primary practice sites of said physician(s). Calls to family planning clinics, school health, home visits, sporting events, public health agencies, skilled nursing facilities, migrant health centers, nursing homes, and sexually transmitted disease clinics are generally not considered secondary sites.
- If the supervisory relationship terminates (such as when either the physician or physician assistant leaves a practice) the supervising physician must notify this Department in writing immediately.

Fee: **\$100** (or \$25 if
certificate issued within 6
months of expiration date)

**APPLICATION FOR CERTIFICATION OF APPROVAL
TO SUPERVISE A PHYSICIAN ASSISTANT**

| | | | | |
|----|--|--|------------|---------|
| 1. | Name of Physician | Last: | First: | Middle: |
| 2. | Name of Physician Assistant | Last: | First: | Middle: |
| 3. | Physician's Primary Site of Practice | Name: | | |
| | | Street/PO Box/Route: | | |
| | | City: | State: | Zip: |
| | | County: | Telephone: | |
| 4. | Mailing Address of Physician | Street/PO Box/Route: | | |
| | | City: | State: | Zip: |
| 5. | Other Practice Sites, Including Hospitals: | | | |
| 6. | Physician's License Number: | | | |
| 7. | How many years has the physician practiced medicine? | | | |
| 8. | Previous locations where physician practiced medicine | Location/City/State | Specialty | Dates |
| | | | | |
| | | | | |
| 9. | The physician must answer the following questions either yes or no. If you answer yes to any of the four questions you must attach to this application an explanation of the circumstances and outcome. | | | |
| | a | Has any disciplinary action ever been taken against you by a state/licensing agency for inappropriate supervision of or inappropriate practice with a physician assistant? <div style="text-align: right;">Answer Yes or No</div> | | |
| | b | Has any disciplinary action ever been taken against you by a state/licensing agency? <div style="text-align: right;">Answer Yes or No</div> | | |
| | c | Has the Drug Enforcement Administration ever taken action against you with regard to your controlled substance registration? <div style="text-align: right;">Answer Yes or No</div> | | |

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|-----|--|---|-------------------|--|--|
| | d | Has the physician assistant named above provided medical services at your practice site(s) when the physician assistant did not have a physician assistant supervisor properly certified by this Department? Answer Yes or No | | | |
| | | If yes, how many days did the PA practice without a certified supervisor? Answer Yes or No | | | |
| 10. | List the name(s) of any Nebraska Licensed Physician Assistant(s) you are presently supervising. | | | | |
| | Name: | License Number: | | | |
| | Name: | License Number: | | | |
| 11. | To supervise more than two physician assistants, you must show good cause. For example: temporary loss of a supervising physician through death, serious illness, or other similar causes; part-time employment of physician assistants; practice in a state or federally-designated shortage area. If applying to supervise more than two physician assistants, list reason supporting your request below. NOTE: You must also submit a supplemental application, which can be obtained by contacting the Department at (402) 471-2118. | | | | |
| 12. | Weekly Practice Schedule - List the office hours for physician's primary site of practice. List specific times when physician named in Section 1 will be present at the primary site. List specific times when physician assistant named in Section 2 will be present at the primary site. Provide total hours for each provider. If PA will practice at additional sites, attach schedule for each location to this application. | | | | |
| | | Office Hours | Physician's Hours | | |
| | | AM PM | AM PM | | |
| | Monday | | | | |
| | Tuesday | | | | |
| | Wednesday | | | | |
| | Thursday | | | | |
| | Friday | | | | |
| | Saturday | | | | |
| | Sunday | | | | |
| | Total | | | | |
| 13. | The supervising physician and the physician assistant must be together 20% of the time when the physician assistant is providing medical services at any site. Will the supervising physician and the physician assistant be together 20% of the time when the physician assistant is performing medical services at any site? Answer Yes or No | | | | |
| 14. | If you are proposing to be physically present less than 20% of the time when the physician assistant is performing medical services, Board approval must be obtained. The approval process can take 30-90 days. If proposing to be present less than 20% of the time, describe: (attach an additional sheet if necessary) | | | | |
| | a) The proposed practice site | | | | |
| | b) Percentage of time together | | | | |

| | | |
|--|---|--|
| | c) Number of years of experience of physician assistant | |
| | d) Number of years supervising physician has been supervising physician assistants | |
| | e) Any previous knowledge the supervising physician has had with the physician assistant's patient care in the community | |
| | f) Is the site a state or federally designated shortage or underserved area? | |
| | g) General level of patient complexity | |
| | h) Any other pertinent/relevant information | |
| 15. | When the supervising physician is absent from the practice, will an approved backup supervising physician accept responsibility for the supervision of the physician assistant? Answer Yes or No | |
| | If no, will the physician assistant cease providing medical services in the absence of the supervising physician? Answer Yes or No | |
| 16. | Is there a current scope of practice agreement, pursuant to 172 NAC 90-006, kept at the primary practice site? Answer Yes or No | |
| 17. | Will the physician assistant and supervising physician comply with the primary and secondary site requirements, pursuant to 172 NAC 90-006? Answer Yes or No A physician assistant may not practice at a secondary site without the personal presence of the supervising physician unless approval has been granted by the Board. Secondary sites refer those offices operated by the supervising physician(s) that are not the primary practice sites of said physicians. | |
| <p>I attest that the statements on this application are true and correct; that I will comply with the primary and secondary site requirements for the supervision of a physician assistant; and that I will supervise the forenamed physician assistant with regard to all items listed in the scope of practice agreement on file at the primary practice site.</p> <p>Signature of Physician: _____ Date Signed: _____</p> | | |
| <p>I attest that I will comply with the primary and secondary site requirements for the supervision of a physician assistant, and that I will be bound and limited by the scope of practice agreement on file at the primary practice site.</p> <p>Signature of Physician Assistant: _____ Date Signed: _____</p> | | |